Home Health Certification and Plan of Care

Order ID: 1163/607

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
261075199	12/08/2025	From: 12/08/2025 To: 02/05/2026	652	497754

6. Patient's Name and Address

Sally Sibley
3604 Landon Ct,
FAIRFAX, VA 22031-
703-309-2162

7. Provider's Name, Address and Telephone Number

Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

8. DOB 02/26/1941 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
M19.012	Primary osteoarthritis left shoulder	12/08/25

13. ICD	Other Pertinent Diagnoses	Date
S82.001D	Unsp fx right patella subs for clos fx w routn heal	12/08/25
S82.002D	Unsp fracture of left patella subs for clos fx w routn heal	12/08/25
S82.832D	Oth fx upr & low end l fibula subs for clos fx w routn heal	12/08/25
I10.	Essential (primary) hypertension	12/08/25
M54.16	Radiculopathy lumbar region	12/08/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/08/25
M79.7	Fibromyalgia	12/08/25
H35.3220	Exudative age-related mclr degn left eye stage unspecified	12/08/25
H35.3110	Nexdtve age-related mclr degn right eye stage unspecified	12/08/25
E87.1	Hypo-osmolality and hyponatremia	12/08/25
F41.9	Anxiety disorder unspecified	12/08/25
H04.123	Dry eye syndrome of bilateral lacrimal glands	12/08/25
E55.9	Vitamin D deficiency unspecified	12/08/25
E66.01	Morbid (severe) obesity due to excess calories	12/08/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	12/08/25
Z79.52	Long term (current) use of systemic steroids	12/08/25
Z96.653	Presence of artificial knee joint bilateral	12/08/25
Z86.000	Personal history of in-situ neoplasm of breast	12/08/25
Z85.828	Personal history of other malignant neoplasm of skin	12/08/25
Z86.018	Personal history of other benign neoplasm	12/08/25
Z91.81	History of falling	12/08/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Restoril - Temazepam 15 mg, Take 1 capsule by mouth at bedtime Take 1 capsule by mouth at bedtime as needed for insomnia or sleep
A/T/S - Erythromycin 5 mg/gram (0.5 %) Opht Oint, Apply 1 cm in left eye by mouth at bedtime Apply 1 cm in left eye daily at bedtime . Apply to lower conjunctival sac (1 cm is approximately one-third inch)
Restasis - Cyclosporine 0.05 % Opht Dropperette, Instill 1 Drop in both eyes both eyes twice a day
Atarax - Hydroxyzine Hydrochloride 25 mg, Take 1 tablet by mouth every 8 hours Take 1 tablet by mouth every 8 hours as needed for anxiety
Esidrix - Hydrochlorothiazide 25 mg, Take one-half tablet by mouth in the morning Take one-half tablet by mouth every morning (started by Dr.Rashkin)
Acular - Ketorolac Tromethamine 0.5 % Opht Drop, Instill 1 Drop in left eye one left eye as necessary Instill 1 Drop in left eye one time as needed (about 1 to 2 hours prior to eye injection to prevent discomfort after the injection)
Protonix - Pantoprazole Sodium 40 mg Oral TBEC DR Tab, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily (30 minutes before a meal)
eucalyptus-peppermint oil (PONARIS) Nasl Soln Use 1 Spray Nasally daily nasal cannula once a day
Valtrex - Valacyclovir Hydrochloride 500 mg, Take 1 tablet by mouth once a day
Mucinex - Guaifenesin 600 mg 1 tab by mouth every 12 hours
Tylenol Arthritis - Acetaminophen 1 tab by mouth every 8 hours take 2 tabs every 8 hrs

14. DME and Supplies:

hospital bed, cane, grab bars, walker, wheelchair, rolling walker, bath bench, 4 wheeled walker, LLE brace for patella fracture

15. Safety Measures:

transfer with assist, , walker precautions, knee precautions, , ambulates with device, ambulates with assistance, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

codeine

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/08/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Vu Nguyen
201 North Washington Street
Falls Church, VA 22046
PHONE: 7032374020 FAX: 17035361395 NPI: 1457400160

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 11/28/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:	22.B.Discharge Plans
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Primary Osteoarthritis Left Shoulder, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare: The patient is an 84-year-old female who was admitted to home health physical therapy services following hospitalization for an unspecified closed fracture of the right patella, with subsequent discharge to a skilled nursing facility and self-elected discharge home prior to the recommended discharge date due to dissatisfaction with the facility conditions. The patient reports the injury did not result from a fall but occurred as a strain injury while attempting to rise from the toilet in her home in mid-November 2025. She has a scheduled follow-up appointment with her orthopedic surgeon at the end of December 2025 and reports that the most recent provider instructed her to wear a knee brace at all times, with an anticipated healing timeframe of approximately two to three months. The patient's past medical history is significant for left shoulder osteoarthritis, left total knee arthroplasty, obesity, a prior unspecified closed fracture of the left patella, hypertension, fractures of the upper and lower ends of the left fibula, lumbosacral radiculopathy, fibromyalgia, exudative age-related macular degeneration of the left eye, non-exudative age-related macular degeneration of the right eye, anxiety disorder, and dry eye syndrome of both lacrimal glands. The patient lives alone in a two-story single-family home and reports not using the basement stairs for several years. At the time of the start-of-care evaluation, the patient is predominantly bedbound due to severe deconditioning and bilateral lower extremity weakness, greater on the right than the left. She is able to transfer and ambulate short distances with a rolling walker only with maximum physical assistance from two persons. The patient reports having two home health aides providing round-the-clock assistance and states she consistently uses two-person assistance for all transfers and ambulation, including prior to this episode of care. She currently requires a wheelchair for all indoor and outdoor mobility and for completion of activities of daily living. Prior to the recent fracture, the patient was able to ambulate short distances between rooms within the home using a rolling walker with two-person assistance. The patient requires maximum physical assistance from two persons for bed mobility, standing, pivoting, and all transfers, as well as maximum assistance for all grooming, bathing, toileting, feeding, and overall activities of daily living. She currently manages toileting through the use of incontinence briefs; however, prior to this injury, she was able to toilet on a standard bathroom toilet with two-person assistance for transfers. She also requires physical assistance for management of oral medications and meal preparation and feeding. Based on the evaluation findings, the patient demonstrates significant functional mobility deficits, strength impairments, and decreased endurance related to her recent right patellar fracture, severe deconditioning, and extensive comorbidities. She would benefit from continued skilled physical therapy services to address strength, bed mobility, transfers, balance, and functional mobility in order to improve safety, reduce caregiver burden, and facilitate a return toward her prior level of function.
 Date of Order 12/08/2025 Orders Physician Face-to-Face Date: 11/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Primary Osteoarthritis Left Shoulder Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: soc
 Physician Nguyen, Vu

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (12/08/2025 - 12/13/2025), WK2: 1 (12/14/2025 - 12/20/2025), WK3: 1 (12/21/2025 - 12/27/2025), WK4: 1 (12/28/2025 - 01/03/2026), WK5: 1 (01/04/2026 - 01/10/2026) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 10 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 90 > 100, pain < 0 > 6 CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 9. Other risk(s) not listed in 1- 8 STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds Advance Directive:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking	PATIENT-STATED GOAL: To be able to walk around between rooms, toilet and bathe in walk in style shower with CGA of her 2 HHA's for safety and because of her preference secondary to it easing her anxiety. GOALS patient/caregiver recalls * how to manage inflammatory process * optimize mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * recalls related medication(s) purpose, schedule patient/caregiver recalls * pain control * therapeutic exercises to optimize range of motion of affected area * diet and fluids to promote healing * recalls related medication(s) purpose, schedule patient/caregiver recalls * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/08/2025

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Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, D0160 - Depression, M1720 - Anxiety, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, swelling of affected area, limited strength, limited endurance, obesity, bruising/discoloration, swelling in legs/around eyes

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , incentive spirometer, home exercise program: 2x10 reps RLE, 1-2x/day: supine and seated heel slides, quad sets w/ towel roll under distal thigh (x3 sec holds, seated and supine SLR hip flex. w/ VMO bracing, seated HR/TR, LAQs, seated AAROM knee flex. and ext, clams, hip add pillow squeezes, supine and seated marches, equipment training, standing tolerance exercises, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, Sit to Stand - 01. Dependent, Chair to Bed to Chair - 01. Dependent, Toilet Transfer - 05. Setup or clean-up assistance

* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Sit to Stand - 01. Dependent

Chair to Bed to Chair - 01. Dependent

Toilet Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
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